Admission for Grade I & II Solid Organ Injuries: Is It Necessary?

Erin Butt, MSN, APRN, Kaaren Shebesta, MSN, APRN, Margot Daugherty, MSN, MEd., CEN, Allison Youngs, MSN, APRN, Suzanne Moody, MPA, CCRP, Meera Kotagal, MD, MPH, Richard Falcone Jr. MD, MPH
Disclosures

• I have no actual or potential conflict of interest in relation to this program/presentation.

• I have had no relevant financial relationships with the manufacturer(s) of any commercial product(s) and/or provider(s) of commercial service(s) discussed in this CME activity.
Background
Purpose

• Determine need for hospital admission
• Hypothesis: patients with isolated grade I/II solid organ injury will rarely require hospital admission
Methods

• Evaluated isolated grade I/II injuries
• Clinical Endpoints
  – ICU admission
  – OR/IR procedure
  – Blood transfusion
  – Fluid bolus after ED
  – Drop in HgB >2gm/dL
  – Readmission within 1 week
  – Follow up imaging
Results

Total admissions: 3977

Solid organ injuries: 585

Grade I/II injuries: 154

Isolated Grade I/II: 51

Complications: 7
Conclusion

• Low risk of hospital intervention
• Hemodynamically stable patients may be able to safely discharge from ED